## STATE OF IDAHO DEPARTMENT OF INSURANCE

APPLICATION FOR REGISTRATION AS A PURCHASING GROUP (All information should be typed)

Indic	ate the form of	organizat	ion or in	corporatio	n.	
The P	urchasing Group	is domici	led in th	e State of	:	
	any other names business in thi					
List	the complete phy	sical add	ress of t	he Purchas	ing Gro	oup.
staff of i cover	and name, addr person or offic ts insurance ages, and key p ance carrier.	er of the program,	purchasi includi	ng group w	who has	knowl crite

7.	List the name, address and telephone number of the firm that acts as the administrator of the purchasing group and the name of the principal account executive responsible for the group's insurance program. (If none, answer none.)
8.	List the name of the principal agent or broker responsible for the sale or purchase of the group's liability insurance. (If none, answer none.)
9.	List the names, addresses, and occupations of the principal officers and directors of the Purchasing Group. Attach additional pages if necessary.
	Principal Officers Principal Directors
10.	The Purchasing Group is composed of members whose business or activities are similar or related with respect to the liability to which members are exposed by virtue of any related, similar, or common business, trade, product, services, premises or operations. Give a general description of business or activities engaged in by purchasing group members:
11.	The Purchasing Group has as one of its purposes the purchase of liability insurance on a purchasing group basis. $(Y/N)$
12.	The Purchasing Group purchases such liability insurance only for its members and only to cover their similar or related exposure, as described in item (10) above. $(Y/N)$

	Purchasing Group intends to purchase the following lines ar sifications of liability insurance:
desc	Purchasing Group intends to purchase the liability insurand ribed in item (11) above from the following insurance compactompanies. Give full name of company, state of domicile and the company of the co
whom purc	the name and address of the licensed agent or broker through purchase will be effected. Complete this item only thase of insurance is to be made from a surplus lines insured than from a licensed insurer.
a "d prog (15) purc	The purchasing group transacts insurance business by means lirect offering" (without using insurance agents to market it ram), list the name and address of each person not listed above who will be transacting business on behalf of the chasing group. (You need not include the names of licens agents duly appointed by an admitted insurer.)
	any person transacting business on behalf of this Purchasi:
(A)	been arrested, indicted and convicted of a felony or is felony charge currently pending against any such perso $(Y/N)$
(B)	had denied any application for a professional, vocational business license? $(Y/N)$

(C) had suspended or revoked any such license? (Y/N)\_\_\_\_\_

		surrendered any such application or licestial disciplinary action against licens	
		ny part of this question is yes, attachent explaining in full each such occurrence	
18.	to be its agent sole: legal documents or pro	ment of Attorney to Accept Service f	of
19.	registration of pu	2001, fees totalling \$100.00 to archasing group and appointment of the for service of process must be submitted to a submitted	the
20.	Attach to this application the group's state	cation a current Certificate of Good Stand e of domicile.	ing
	do hereby swear and aftermation are true and co	firm that the aforementioned statements a correct.	and
		resident or Chief Executive Officer	
SWORI		day of, 20	
	NO Re My	OTARY PUBLIC FOR	

## STATE OF IDAHO DEPARTMENT OF INSURANCE APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The	, a
the State of, and State of Idaho, and his or her suattorney upon whom all legal pagainst it shall be served and functions.	up) duly organized under the laws of opoints the Insurance Director of the accessors in office, to be its lawful rocess in any action or proceeding arther agrees that any lawful process this attorney shall have the same nally upon the Group.
full authority to do every accappointment as fully as the Group ratifies all that lawfully do appointment. This authority manotice of revocation and in any cas any liability arising out of in Idaho. This instrument is	e Director and his or her successors, to necessary to be done under this could do if personally present, and under the power granted by this y be withdrawn only upon a writtent case shall continue in effect so long this appointment remains outstanding executed pursuant to and shall be ompliance with Section 4(e) of the 986.
The Group designates address is the person to whom process agains shall be forwarded.	whose as st the Group served upon the Director
IN WITNESS OF THIS APPOI resolution duly adopted by its instrument to be executed in its and its corporate seal to	NTMENT, the Group, pursuant to a Board of Directors, has caused this name by its President and Secretary, be affixed at the City <u>of</u> day of
Accest.	
Secretary	(Name of Purchasing Group) By:
	President